

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

968209

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		10		10			61						
12		10		10			62						
13		10		10			63						
14		10		10			64						
15		5		5			65						
16		10		10			66						
17	1		1				67						
18		1		1			68						
19		1		1			69						
20	1		1				70						
21		1		1			71						
22		1		1			72						
23	1		1				73						
24		1		1			74						
25	1		1				75						
26		1		1			76						
27	1		1				77						
28		1		1			78						
29	1		1				79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		0		9			85						
36		0		9			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	78		94				TOTAL DEP.						
TOTAL CLAIMS	85		101				TOTAL CLAIMS						